

Direct Simulation Monte Carlo (DSMC) Meeting

September 25-29, 2005

Santa Fe, New Mexico

Housing Reservation Form

Reservation Deadline: August 26, 2005

Inn and Spa at Loretto

211 Old Santa Fe Trail

Santa Fe, NM 87501

505-988-5531

1-800-727-5531

Fax: 505-984-7964

Housing Instructions:

1. Complete this form in its entirety. Be sure to include your full address, daytime telephone number and e-mail address.
2. The room block is reserved until **August 26, 2005**. Room availability cannot be guaranteed after that date. *Reserve your room early in case the hotel sells out before August 26, 2005.* Rooms will be reserved on a first come, first serve basis.
3. Send this form directly to the hotel as listed below. If you call the hotel, please refer to the DSMC Meeting in order to be eligible for the discount rates.
4. Submit one reservation form per room. If you are sharing with other people, submit one form and include the names of everyone in the room.
5. If you wish to receive a **written or e-mailed confirmation** from the hotel, check the box below. Please check the confirmation carefully to be sure the dates of arrival/departure are correct. If for some reason you do not receive a confirmation, call the hotel and ask for your confirmation number.
6. Keep one copy of this completed form for your records.
7. Cancellation Policy: 72 hours prior to arrival

Check-in: 4:00 p.m.

Check-out: 11:00 a.m.

In the event that you check-out prior to the scheduled departure date, an early departure fee of \$50 will be incurred. Please call the hotel to make reservations Monday-Friday, 8:00 a.m. -6:00 p.m. Mountain Time.

A 14.3125% state and local tax are not included in the conference rate of \$94 per night.

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Inn and Spa at Loretto

211 Old Santa Fe Trail, Santa Fe, New Mexico

(Conference rate - \$94 per night plus 14.3125% state and local tax)

Name _____

Mailing Address: _____

City _____ State _____ Zip Code: _____

Telephone Number (during the day): (____) _____

Fax Number: (____) _____

E-Mail Address: _____

Reservation Confirmation

☐ If you wish that a confirmation be **sent or e-mailed to you**, check here.

Request**(check one):

☐ 1 bed ☐ 2 beds

Arrival Date: _____ Time: _____

Departure Date: _____ Time: _____

***requests for room type will be serviced based on availability*

Special Arrangements (check all that are applicable):

☐ I request a non-smoking room

☐ Do you have any physical disabilities of which the hotel should be aware?

Special instructions: _____

Guarantee:

To make your reservation, please register your credit card number (American Express, Discover, Visa, MasterCard, Diners Club) below.

☐ Circle One: American Express, Discover, Visa, MasterCard, Diners Club

Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Fax Housing Reservation to Inn and Spa at Loretto: 505-984-7964